

Patient ID# & Initials: _____

Patient Data Form

- 1) For how many hours did you feel **nauseated** or **sick to your stomach** during each 12-hour time period?
(Enter a number from **0-12** in each box for the number of hours you felt nauseous or sick to your stomach.)

(If no nausea at all, write "0".)

Week Day: _____

Date: _____

6AM-6PM	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
6PM-6AM	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

- 2) How many times did you **vomit** or **throw-up** and bring something up during each 12-hour time period?

6AM-6PM	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
6PM-6AM	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

- 3) How many times did you **retch/dry-heave** without bringing anything up during each 12-hour time period?

6AM-6PM	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
6PM-6AM	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

- 4) What **nutrition** were you able to take by mouth during each meal period?

(Enter a number from **0 to 5** in each of these boxes according to the scale.)

0- Nothing by mouth.

1- Only small amount of liquids.

2- Small amount of food (eg. crackers, bread) **Lunch**

3- Slightly more than small amount of food.

4- Moderate amount of food intake.

5- Normal amount of food for me.

Breakfast

Dinner

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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- 5) Number (#) of gabapentin pills taken today: _____
of ondansetron (rescue) pills taken today: _____